

## AGREEMENT TO PARTICIPATE IN THE 2002 IOWA YOUTH SURVEY

This agreement is our commitment to participate in the 2002 Iowa Youth Survey. As a district we understand that the Iowa Department of Public Health-Division of Health Promotion, Prevention, and Addictive Behaviors in collaboration with the Iowa Department of Education, the Iowa Office of Juvenile Justice Planning (CJJP), Iowa Workforce Development, and the Governor's Office of Drug Control Policy, will implement the survey for 2002.

We understand that the following will be provided at no cost to our district:

- a. The actual survey booklets for each student participating in the survey.
- b. A facilitation packet for those monitoring the survey.
- c. The initial mailing and return mailing of survey materials.
- d. A uniform passive consent letter to be used by all districts, as required by confidentiality laws.
- e. Scanning of documents and preparation of the data for analysis.
- f. Reports of district results.
- g. A county aggregate report will be provided, if school participation is high enough to meet the analyses requirements.

As a district we agree to the following:

- a. We agree that our district will participate in a census-level (all students) survey of the 6th, 8th, and 11th graders in our district. Our alternative school students will be surveyed as well by corresponding age rather than grade.
- b. We agree to provide the appropriate classroom time for the survey during the time period from **September 23-October 4, 2002**. We understand that the survey can be completed in one 45-minute period.
- c. We will fax a copy of this signed agreement to the Higher Plain, Inc. by Friday **March 29, 2002**. The fax number is 319-354-5345.
- d. We agree to return the completed census materials to Mark McMahon, the Iowa Department of Public Health, Division of Health Promotion, Prevention, and Addictive Behaviors and Evaluation via their mail plan by **October 18, 2002**.
- e. We agree to provide a contact person in our district responsible for the coordination of survey implementation and return of materials to the Iowa Department of Public Health.

This contact person is designated below on this signed agreement.

Signed \_\_\_\_\_ Date of Signature \_\_\_\_\_  
(District Superintendent)

School District Name \_\_\_\_\_ District # \_\_\_\_\_

2001-2002 Census Numbers for: 6<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ Alternative School \_\_\_\_\_  
(This will provide an estimate for ordering surveys for the fall implementation.)

Contact Person for the Survey Coordination in your District: \_\_\_\_\_

Email for Contact (please print CLEARLY): \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_ Fax Number of Contact: \_\_\_\_\_

**Fax completed form by Friday March 29<sup>th</sup>!**  
Fax completed form to Ron Mirr at 319-354-5345 (fax)